



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Date October 11, 1995  
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Commissioner of Patents  
and Trademarks  
Assistant Commissioner for Patents  
Washington, DC 20231

"EXPRESS MAIL" MAILING LABEL

NUMBER EM204314946US

DATE OF DEPOSIT October 11, 1995

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: THE COMMISSIONER OF PATENTS AND TRADEMARKS, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

TYPED NAME Kevin Campbell

SIGNED

Sir:

Transmitted herewith for filing is the patent application of Inventor(s):

Jon F. Kayyem

Jon F. Kayyem, Thomas J. Meade, Scott E. Fraser

For: CELL-SPECIFIC DELIVERY VEHICLES

Enclosed are also:

       Prior Art Statement

X       4       Sheets of drawing, Formal       , Informal X

       An Assignment of the invention to:

Cost of recording to be charged to Deposit Account No. 06-1300  
(Order No. A-        /       )

       Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32

       Combined Declaration and Power of Attorney for Patent Application

       Declaration for Patent Application

       Associate Power of Attorney

       Small Entity Status Declaration Under 37 CFR       

FOR:	(Col. 1)	(Col. 2)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				\$375	OR	\$750	
TOTAL CLAIMS	<u>      </u> -20 = *	<u>      </u>	x11 =	\$ <u>      </u>	OR	x22 = \$ <u>      </u>	
INDEP CLAIMS	<u>      </u> -3 = *	<u>      </u>	x39 =	\$ <u>      </u>	OR	x78 = \$ <u>      </u>	
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED			+125 =	\$ <u>      </u>	OR	+250 = \$ <u>      </u>	
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$ <u>      </u>	OR	TOTAL \$ <u>      </u>	

       Our Check No.        in the amount of \$        to cover the filing fee is enclosed.

       The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-        /       ). Two copies of this sheet are enclosed.

Respectfully submitted,

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